

UNITED STATES DISTRICT COURT
For the District of Delaware

United States Surety Company

v.

SUMMONS IN A CIVIL CASE

M. Miller Trucking et al.

CASE NUMBER : 05-675 GMS

TO: XRG LOGISTICS, INC.
Michael T. Cronin
Registered Agent
911 Chestnut Street
Clearwater, Florida 33756

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY:

Donald R. Kinsley, Esq.
Marks, O'Neill, O'Brien & Courtney, P.C.
913 N. Market Street, Suite 800
Wilmington, DE 19801

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

PETER T. DALLEO

CLERK

(By) DEPUTY CLERK

DEC 16 2005

DATE

RETURN OF SERVICE

Service of the Summons and complaint was made by me(1)	DATE
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NAME OF SERVER (PRINT)	TITLE
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Donald P. Kinsley

Check one box below to indicate appropriate method of service

Served personally upon the defendant. Place where served:

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

Returned unexecuted:

Other (specify): *Certified mail Return Receipt Requested*

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct..

Executed on 1/3/06

Date

Donald P. Kinsley
 Signature of Server
 Charles O'Neill O'Brien & Donnelly
 913 W. Market St. Suite 800
 Wilmington DE 19801
 Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

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OFFICIAL USE

2410	2240	0004	0002	2410	2240	1243	1243
Postage	\$						
Certified Fee							
Return Receipt Fee (Endorsement Required)							
Restricted Delivery Fee (Endorsement Required)							
Total Postage & Fees	\$						

Sent To
R/T Michael T. Cronin
Street, Apt. No.
or PO Box No.
City, State, ZIP+4

Postmark
Here

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael T. Cronin
Registered Agent
911 Chestnut Street
Clearwater, Florida 33756

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-19

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7002 2410 0004 2240 1243

Domestic Return Receipt

102595-02-M-1035